

**Town of Delmar
Building Permit Application (Delaware & Maryland)**

Owners Name: _____	Occupant's Name: _____
Address: _____	Address: _____
Telephone # _____	Telephone # _____

Location of Proposed Construction

Number & Direction & Street Name _____	Sub-division & Lot # _____	Map & Grid & Parcel # _____
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Type of Building

<u>Type of Improvement</u>	<u>Proposed Use (For Demo-most recent use)</u>	
<input type="checkbox"/> New Building * <input type="checkbox"/> Addition * <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Alteration <input type="checkbox"/> Demolish <input type="checkbox"/> Moving (relocation) <input type="checkbox"/> Foundation	<u>Residential</u> <input type="checkbox"/> One Family <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Two or more family Enter Number of Units _____ <input type="checkbox"/> Transient hotel, motel, or dormitory Enter Number of Units _____ <input type="checkbox"/> Other - Specify _____	<u>Non-Residential</u> <input type="checkbox"/> Industrial <input type="checkbox"/> Parking <input type="checkbox"/> Hospital, Institutional <input type="checkbox"/> Public utility <input type="checkbox"/> Stores, mercantile <input type="checkbox"/> Tanks, towers <input type="checkbox"/> Amusement, recreational <input type="checkbox"/> Church, other religious <input type="checkbox"/> Office, bank, professional <input type="checkbox"/> School, library, other education <input type="checkbox"/> Service station, repair garage <input type="checkbox"/> Other - Specify _____
	* Notice: Water & Sewer impact, connection & transmission fees are due upon issuance of a building permit.	<u>Type of Ownership</u> <input type="checkbox"/> Private (Individual, corporate, non-profit, etc.) <input type="checkbox"/> Public (Federal, State, or local government)

Cost of Improvement

Total Cost of Improvement \$ _____ (Including materials & labor)

Description Alteration, Repair and/or Addition: _____

For new buildings and additions complete the following questions.

<u>Principal Type of Frame</u> <input type="checkbox"/> Masonry <input type="checkbox"/> Wood frame <input type="checkbox"/> Structural steel <input type="checkbox"/> Reinforced concrete <input type="checkbox"/> Other - Specify _____	<u>Principal Type of Heating Fuel</u> <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Coal <input type="checkbox"/> Other - Specify _____	<u>Type of Mechanical</u> <input type="checkbox"/> Central A.C. <input type="checkbox"/> Elevator Residential Buildings Only Number of Bedrooms: _____ Number of Bathrooms: _____ Full _____ Partial _____	<u>Dimensions</u> Number of stories: _____ Total Sq. Ft. _____ Dimensions: _____ Lot coverage: (%) _____ Lot Dimensions: Width _____ Depth _____ Sq. Ft. _____
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Number of Off Street Parking Spaces: _____

Identification - To be completed by all applicants

Contractor	Architect
Name _____	Name _____
Mailing Address _____	Mailing Address _____
Telephone Number _____	Telephone Number _____

Zoning

Zoning District _____	Distance from any dwelling of other ownership _____
Front yard setback _____	Cannot occupy more than _____ % of total lot area
Side yard setback _____	Board of Adjustment Case No. _____
Rear yard setback _____	Approved by Planning & Zoning _____
Side yard setback on side street of corner lot _____	<input type="checkbox"/> Storm H2o Mgnt/Sedment & Erosion Plan (attach)

**send to Soil Conservation Office > Goddard Pwy attn Kevin*

Show Dimensions on Separate Sheet

Plans and Specifications must be submitted at the request of the Zoning Administrator and may be kept at this office length of time he feels is appropriate.

Where permanent street grades have been established by the Town, sidewalks and curbing shall be installed at the expense of the Owner or Builder under the building contract.

The architect, contractor, builder and/or owner shall comply, in design, construction and use of the proposed work, with all codes and ordinances, of the Town of Delmar, as well as the State Fire Codes and other applicable State and/or County regulations.

Signature of Applicant _____	Mailing Address _____	Date _____
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DO NOT WRITE IN THIS SPACE - FOR OFFICE USE

<input type="checkbox"/> Building Permit Denied <input type="checkbox"/> Building Permit Approved	Zoning _____ Water & Sewer Connections and Transmission Fees are required to be satisfied at the time of the issuance of the building permit. The Transmission fee is based on number of EDU's. (Payable to Delmar Utility Commission) Valid Business License for Contractor Yes/No _____ \$ _____ Permit Number _____ Permit Fee (Check # _____ /Cash) _____ Water Connection \$ _____ Sewer Connection \$ _____ Transmission Fee \$ _____ Total \$ _____ Code Enforcement Officer Signature & Date _____ (Check # _____ /Cash) _____ Empl. Initials _____ Wicomico County Impact Fee Paid Date: _____ Check# _____ MD Home Builders Guaranty Fund Paid Date: _____ Check # _____
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